DMV-32-TR Rev. 6/2010



Department Use Only

West Virginia Department of Transportation

Application for Duplicate Registration Card, Decal, or Plate & Change of Address

WV Division of Motor Vehicles • PO Box 17110 • Charleston, WV 25317 1-800-642-9066 • www.dmv.wv.aov

| Names of Owi | | Vehicle | and Co | ntact Ini | formation |
|--|--|--|--|---|--|
| | ner(s) | | | | |
| Present Street | Address | | | | |
| City | | | | County | |
| | | | | County | |
| State | Zip | | Pł | none Number | |
| Model Year | | 1ake | PI | ate/Reg. Number | |
| | | | | | |
| Title Number | | We | eight/Length | | Expire Date |
| Vehicle Identif | fication Number | | | | |
| Doscon for Do | ula com ont. | | | | |
| Reason for Re | piacement: | | | | |
| | | | | | |
| Ple | ase Che | ck Tran | sactior | n(s) that y | you are applying for: |
| | | | ¢5.00 | | nata Danistustian Cand CC 00 |
| = | nange of Ad | - | | = | rate Registration Card • \$5.00 |
| Ш | uplicate De | cal • \$5.00 | * | Duplic | rate Plate • \$5.50 * (Reg. card included) |
| Cash | bv mail | is at se | nder's r | i sk. Anv ch | eck tendered to this department |
| | • | | | , | result in a \$10.00 service charge. |
| *A state | ment of insu | ırance must | be submitt | ed with applic | ration for a duplicate decal or plate. |
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| | | nequire | ed Insur | rance int | ormation |
| Effective | | | | | ormation To |
| | | rance Policy | : From | | |
| Name of | Date of Insu | rance Policy | : From | | |
| Name of Name of | Date of Insu | rance Policy | : From | | |
| Name of Name of Insuranc | Date of Insuinsurance Career Agent Policy Num | ompany | : From | | |
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